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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*yes* This application is a CIP of 09/039,308 03/13/1998 PAT 6,069,129

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 07/27/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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Verified and Acknowledged *[Signature]* Initials

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TITLE  
 Elastin peptide analogs and uses thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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